In this issue of the ECOG-ACRIN Newsletter, we highlight the work of the Cancer Research Advocates Committee, ably led by Mary Lou Smith, co-founder of the Research Advocacy Network (RAN) and herself a cancer survivor. We bring the activities of this group to your attention to highlight its importance to our scientific mission. This committee is a vital link between our cancer research efforts and our patients. Its members are embedded in all of our committees, to bring the patient voice to our proposed studies, to participate in deliberations during committee meetings, to inform and assess feasibility and community opinions, and to lead in the education of patients considering participation in trials. Patient review and comment is ingrained in all processes up to and including the Executive Committee. We are fortunate to have this direct link to patients, and would point out that the influence is bi-directional – several committees have projects being co-developed with the help of advocacy foundations, collaborations that can harmonize the goals of both patients and researchers to accelerate progress. The interactions focus also on the value of our work, and assessing its impact on patients, as reflected perhaps by our increasing focus on patient-reported outcomes. The patient and advocate contribution to ECOG-ACRIN research has been productive, and has changed approaches to therapy (as with Mike Katz’s proposal that dexamethasone dose be addressed in myeloma). We are planning additional partnerships with the Cancer Research Advocates Committee to expand the bi-directional dialogue, to work together to influence stakeholders and funders of our research, and for us to provide additional clinical research resources to implement specific advocacy goals. Please feel free to invite participation of patients and advocates in these activities as we expand this work.

We look forward to discussing advocacy in future issues, but an immediate example is provided by the GU committee’s patient representative Deb Maskens, co-founder of Kidney Cancer Canada and vice-chair of the International Kidney Cancer Coalition, who has been a tireless advocate for the PROSPER trial. This trial is outlined on page three of this newsletter, and is presented to increase awareness and uptake, even as we have cracked the accrual of 30 patients per month, almost at the target rate of 31 per month. The scientific underpinning of the trial is novel and exciting: it asks the question if pre-operative immunotherapy, effective in the management of metastatic disease, has the potential to cure more patients with resectable kidney cancer, the first and currently the only randomized trial to address this question. The successful implementation of this study is the result of the commitment of all involved with this trial. Let us take this opportunity also to dispel a myth in regard to the impact of pretreatment doses of nivolumab on resectability of the primary: there are no published data to this effect. One of the surgeons whose initial data on neoadjuvant immunotherapy underpinned the PROSPER trial, Mo Allaf remarks: “Pre-operative dosing with nivolumab did not result in a significant delay to surgery nor did it cause any adverse events that affected the surgical course. In fact, in our smaller trial none of the surgical complications were attributable to nivolumab. As a result, we are excited about neoadjuvant immunotherapy therapy and await the results of the PROSPER trial with great optimism.” We look forward to seeing this trial reach its full accrual, and to the results changing the practice of medicine.

Finally, we want to announce, well in advance of the Fall 2019 Group Meeting, that as part of a reorganization of the schedule, we will begin each meeting with the Robert L Comis Translational Science Symposium, which will replace the Scientific Planning Committee (SPC) Symposium, and which will be open to all Group members. We urge all committee members especially to make travel plans to allow for attending the Symposium, beginning at noon on the first day (Thursday, October 24 for our upcoming meeting). As has been the case with the SPC activities, the topics chosen as a focus for this symposium will be those most important to the scientific goals of the Group, and the presentations will be designed to outline research opportunities that can be further developed by the individual committees. The first topic to be addressed is Big Data – itself a large and complex subject. The agenda (which we will post in advance on the website and meeting app) is in three parts: a general introduction to the potential and structures of Big Data as currently being implemented in health care; a session on the “toolbox” available to interrogate the databases we currently have, or can develop; and third, a set of use cases in various disciplines that provide examples of applications that can maximize the value of the data we collect. This symposium can help us to think in this “meta” plane, even as we plan very focused clinical trials in specific diseases. We trust that the expertise and imagination of our investigators will reveal opportunities and value that we may not currently envisage.